

NEIGHBORHOOD BLOCK PARTY REGISTRATION PACKET



West Valley City National Night Out Program

West Valley City Communications Department, Neighborhood Services Office

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www.wvc-ut.gov/nno



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WEST VALLEY CITY NATIONAL NIGHT OUT

Welcome to **National Night Out 2019!** It is America's Night Out Against Crime! This is the **36th** annual National Night Out, a crime and drug prevention event sponsored by the National Association of Town Watch. More than 50 events were held around the City in 2018. Groups that register with the City will potentially have visits from Police, Fire and City Council-members. Past block parties in the City have been very creative, ranging from simple neighborhood meetings to large neighborhood dinners with live entertainment. Some groups choose to close a neighborhood street while others hold events at City parks or in a neighbor's yard. It does not require a large amount of money to make an event a success; many groups have pot-luck events where everyone in the neighborhood brings a favorite dish to share.

To better meet the needs of all the neighborhoods that wish to participate, and to help schedule city resources more effectively, we are asking groups to plan their block party on one of the following nights:

- **Tuesday, August 6**
- **OR**
- **Friday, August 23**

Ideally, we would like to try and limit these nights to no more than 25 events each. If your group chooses another night during the month, it is likely that staff will not be able to make visits. If you have questions about a specific date, please contact us.

Start planning early, here is your checklist:

- Organize a neighborhood block party committee.
- Please complete and return the **ENTIRE** registration packet by **Thursday, July 18**
- Decide if you will be closing a street and submit a street closure request form **with** the packet. If your event is on a City street, this is **REQUIRED**, it is NOT optional!
- Invite your neighbors (reminder cards and door hangers will be available in limited quantities).
- Post a National Night Out banner a few days before your event to remind your neighbors to attend (limited quantities for registered groups).
- PLEASE DO NOT HESITATE TO CONTACT OUR OFFICE IF YOU HAVE ANY QUESTIONS ABOUT NNO OR ABOUT WHAT RESOURCES WE MIGHT BE ABLE TO ASSIST WITH.



NEIGHBORHOOD REGISTRATION

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NEIGHBORHOOD INFORMATION

Neighborhood Group Name:

Is your group registered with the City?

☐ NO ☐ YES

Is this your groups first year participating in NNO?

☐ NO ☐ YES

City Council District:

Police Beat:

Code Enforcement Area:

CDBG Area?

NEIGHBORHOOD CHAIRPERSON

NNO EVENT ORGANIZER

Name:

Name:

Email:

Email:

Home Address:

Home Address:

Zip Code:

Zip Code:

Home / Cell Numbers:

Home / Cell Numbers:

TShirt Size
(1 per group):

☐ SM

☐ MD

☐ LG

☐ XL

☐ XXL

☐ Other _____

EVENT INFORMATION

Event Date:

☐ Tuesday, August 6

☐ Friday, August 23

☐ Other: _____

Exact Address of Event:

☐ City Park

☐ Residence

☐ Street

☐ Clubhouse

☐ Other: _____

Number of Homes Invited:

Expected Adult Attendance:

Expected Youth Attendance:

NOTE:

If your event is on a City street a
STREET CLOSURE REQUEST is
REQUIRED, it is **NOT** OPTIONAL!

Exact Start Time of your Event :

Expended End Time of your Event :

Suggested Time for Staff Visits:

TWO ATTACHMENTS ARE **REQUIRED**:

☐ Map of the ENTIRE area being invited to your NNO event

☐ Copy of the flier you will be using (if different from the City provided door hanger)

How will you be promoting your event in order reach **EVERY** member of your neighborhood?

Any other important event details, special requests, etc.



ASSISTANCE REQUEST

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NEIGHBORHOOD INFORMATION

Neighborhood Group Name:

REGISTERED neighborhood organizations in the City will be eligible to receive assistance with materials, supplies and food for their NNO event.

If you are NOT a registered organization, please contact the WVC Neighborhood Services Office or download a copy of the neighborhood registration packet online at www.wvc-ut.gov/neighborhoods

PROMOTION MATERIALS & SUPPLIES REQUESTED - BE SPECIFIC (subject to availability and actual donations received by City)

Street Banner		Yard Signs		Door Hangers		Others Requests:
Activity Books		Color Sheets & Crayons		Sidewalk Chalk		
Balloons		Photocopies		Buttons		

Promotion materials and supplies will be picked up at City Hall, they are typically made available a few weeks before your event. (watch for an email)

FOOD & PAPER PRODUCTS BEING REQUESTED - BE SPECIFIC (subject to availability and actual donations received by City)

FOOD		PAPER PRODUCTS	
Hot Dogs & Buns (quantities of 8)		Paper Plates (48 per pkg 8.5")	
Ketchup (38 oz bottles)		Paper Napkins (500 per pkg)	
Mustard (14 oz bottles)		Paper Towels (sizes vary)	
Sweet Relish (9 oz bottles)		Plastic Cups (18 oz bottles/50 per pkg)	
Potato Chips (varies on what is donated)		Other Suggestions/Requests	
Bottled Water (16.9 oz bottles/32 per case)			

Food & Paper Products are typically available the day of your event, or by special request. These items will be picked up **BY APPOINTMENT** at the Utah Cultural Celebration Center. (watch for an email)



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STREET CLOSURE REQUEST FOR EVENTS BEING HELD IN AUGUST

*** REQUIRED IF YOUR EVENT IS IN A CITY STREET ***

Step 1:

- Ask neighbors to sign the "Street Closure Request Petition."
You are required to receive signatures of support from 51 percent of the homes on the street that will be closed.
- Ask your neighbors for comments prior to the party and before going door to door for signatures.
- You must make an attempt to contact **EVERY** homeowner on the street you are proposing to close and ask for their support.
- A flier should be delivered to every home about the proposed block party with your address and phone number on it.
Attach a copy of the flier that was used.

Step 2:

- **Attach a map** that CLEARLY identifies the section of the street that you are requesting permission to close.

Step 3:

- Return the completed application, petition, flier and area map to the Neighborhood Services Office.
- The completed application needs to be received **2 WEEKS** before your event to allow processing time.
- Once received, staff will help you obtain the necessary approvals.

Step 4:

- After the approval, make arrangements with the Neighborhood Services Office to pick up barricades or caution tape.
- Barricades are not stored at City Hall, an **appointment** will be needed to arrange pick up from the storage unit.
- There are a limited number of barricades being used by MANY groups, barricades need to be **returned the next business day** to the storage unit.



STREET CLOSURE APPLICATION

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NEIGHBORHOOD INFORMATION

Neighborhood Group Name:

NNO EVENT ORGANIZER

PERSON RESPONSIBLE FOR BARRICADES

Name:

Name:

Email:

Email

Home Address:

Home Address:

Zip Code:

Zip Code:

Home / Cell Numbers:

Home / Cell Numbers:

DATE & TIME INFORMATION

Event Date:

Tuesday, August 6

Friday, August 23

Other: _____

Closure START Time:

Closure END Time:

Event START Time:

Event END Time:

LOCATION INFORMATION

Name of the street being proposed for closure:

From house number:

To house number:

Attach a map that CLEARLY identifies the section of the street
that you are requesting permission to close.

Barricades needed:

☐

NO

☐

YES

How many? _____

Caution tape needed:

☐

NO

☐

YES

How much? _____

FOR OFFICE USE ONLY

City Council District:

Police Beat:

Code Enforcement Area:

CDBG Area?

PR&NS Approval:

Police Approval:

Fire Approval:

Public Works Approval:



STREET CLOSURE PETITION

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**I live on the street that will be closed for the neighborhood
National Night Out block party.
I support closing the street for this purpose.**

Name: _____ Address: _____

Comment: _____

Name: _____ Address: _____

Comment: _____

Name: _____ Address: _____

Comment: _____

Name: _____ Address: _____

Comment: _____

Name: _____ Address: _____

Comment: _____

Name: _____ Address: _____

Comment: _____

Name: _____ Address: _____

Comment: _____

Name: _____ Address: _____

Comment: _____

Name: _____ Address: _____

Comment: _____

Name: _____ Address: _____

Comment: _____

Name: _____ Address: _____

Comment: _____